

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34690

1. PLACE OF DEATH

County Barry
Township Roaring River
City Barry (No. 1)

Registration District No. 5054
Primary Registration District No. 38

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1920

7. AGE YEARS 2 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) near Eagle Rock (STATE OR COUNTRY) Barry Co. Mo.

13. NAME Charles E. Ball

14. BIRTHPLACE (CITY OR TOWN) near Eagle Rock (STATE OR COUNTRY) Barry Co. Mo.

15. MAIDEN NAME Ora May Pryor

16. BIRTHPLACE (CITY OR TOWN) Butterfield (STATE OR COUNTRY) Mo.

17. INFORMANT John W. Pryor (ADDRESS) Eagle Rock Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Murray Cemetery DATE Nov. 29th 1932

19. UNDERTAKER F. J. Ball (Acting) (ADDRESS)

20. FILED Dec 5 1932 Emma M. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27th 1932 to Nov. 28th 1932

I last saw her alive on Nov. 27th 1932 Death is said to have occurred on the date stated above, at 10:00 P. m.

The principal cause of death and related causes of importance were as follows:

Spasmodic Cramp Date of onset

11-14/05

Other contributory causes of importance: Probably "Cold"

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. G. Mitchell, M. D.

(Address) Barryville Mo.

